	MLED				LTH OF MISSOURI	'57 🗘	21050	
	FILED JUN	28 19 57	STANDA	RD CERTIFI	CATE OF DEATH	STATE	Z 8.5.5	
	Registration District No							
	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before			
จ	a. COUNTY Marion				o. STATE Missouri b. COUNTY Ralls			
Ť	b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR			c. CITY OR		Inside Limits		
	TOWN Hannibal Yes X No 🗆				nnibal	O Yes□ Nexex		
	c. FULL NAME OF (If NOT inhospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION Levering Hospital			d. STREET (If outside, give location) Reside on Farm ADDRESS P. F. D. # .] Yes Car No D				
Ī	3. NAME OF	First Midd		liddle	Last		Aonth Day Year	
ľ	OECEASED (Type or print)	JOHN		R.	LOCKE	OF DEATH J	me 17,1957	
ľ	5. SEX . 5		7. MARRIED [2] NE		8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
ł	Male	White	WIDOWED	DIVORCED 🗌	February 2	3.189 5 62]	3 24	
	10a. USUAL OCCUPATION during most of work	(Give kind of work done king life, even if retired)	106. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (City of	and state or country)	12. CITIZEN OF WHAT COUNTRY?	
-	Farmer				Clayton Ill		USA	
1	13. FATHER'S NAME	As Transland						
ŀ	Charels A: Hocke 5. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY N			L SECURITY NO	Anna Rogers 17. INFORMANT Address			
	(Kee, no. or unknown) (I	None	(a-1	42 2085		R.Locke, Hannib		
ł	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
		H WAS CAUSED BY: MMEDIATE CAUSE (a)	Coro	a cim	pople	ifion.	ONSET AND DEATH	
		,-/		<	7			
	Conditions, if	Conditions, if any. DUE TO (b)		ork	·		`	
	which gave ri above cause stating the u lying cause	nder-		-	. •			
3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY							
						42	YES NO D	
١	20a. ACCIDENT	SUICIDE HOMICIDE	206. DESCRIBE HOW	INJURY OCCURRI	D. (Enter nature of in	jury in Part I or Part II of it	em 18.)	
			<u></u>					
I	ZOc. TIME OF Hou INJURY a, n p. n	1.						
1	E 20d. INJURY OCCURE		E OF INJURY (e. g., i	n or about home.	20/. CITY, TOWN, OR	LOCATION C	OUNTY STATE	
ĺ	WHILE AT NOT WHILE AT WORK AT WORK							
ŀ	21. I attended the deceased from terice 17 17.30 from 1 last saw her alive on secret 7-17.57							
1	Death occurred at 7:50 P. m on the date stafed above; and to the best of my knowledge, from the causes stated.							
I	22a. SIGNATURE (Degree, pr (ille) E 22b. ADDRESS 22c. DATE SIGNED							
L		a tack	estu	<u>. WN</u>	Lecin	ice very	nco 6-18-57	
23a. BURIAL, CREMATION, 123b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)							· .	
-	Burial 6/20/1957 Grand View Burial Park Hannibal Missouri							
	all the state of t							
والتناف والمستنب والم								
· .	(Licensed Embalmer's Statement on Reverse Side)							

RECEIVED MARION CO. HEALTH DEPT JUN 2 5 1957 DATE FILED

STATEMENT BY LICENSED EMBALMER ·

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e, Student Embalmer No..... by me, or by

working under my personal supervision..

Signature of Student Embalmer

Licensed Embalmer No 4

P. O. Address Hannibal M Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If:this body is not embalmed, fact should be so stated above.